

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5		4				
6		4				
7		4				
8		4				
9	1	4				
10	8	8				
11	8	8				
12	8	8				
13	1	4				
14	5	4				
15	4	4				
16	9	9				
17	9	9				
18	9	9				
19	9	9				
20	9	9				
21	9	9				
22	9	9				
23	9	9				
24	9	9				
25	9	9				
26	9	9				
27	9	9				
28	4	4				
29	4	4				
30	4	4				
31	4	4				
32	9	9				
33	9	9				
34	1	1				
35	1	1				
36	1	1				
37	1	1				
38	9	9				
39	1	1				
40	1	1				
41	1	1				
42	1	1				
43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	9	9				
49						
50						

TOTAL IND.

129

TOTAL DEP.

2

TOTAL CLAIMS

129

TOTAL IND.

2

TOTAL DEP.

2

TOTAL CLAIMS